

# Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

## Statement Covers Period

from 10/18/2009

through 12/31/2009

Date Stamp

CALIFORNIA  
1992 FORM 401

1/4

FOR OFFICIAL USE ONLY

## I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

CALIFORNIA EDUCATION VOTER GUIDE

ID NUMBER

1319879

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

LAWNDALE CA 90260

NAME OF TREASURER:

Tina McKinnor

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Lawndale CA 90260

## II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report  
Attached

☐

ID Number if  
Recipient Committee

## III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ 0.00 Sch. A, Line 3	\$ 1600.00
2 TOTAL PAYMENTS MADE	\$ 1600.00 Sch. B, Line 3	\$ 1600.00

## IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/07/2010  
DATE

At Lawndale  
CITY AND STATE

By Tina McKinnor CA  
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Tina McKinnor CA  
TYPE OR PRINT

Title: Officer (Reponsible)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

# Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>10/18/2009</u> through <u>12/31/2009</u>	<b>CALIFORNIA 1992 FORM 401</b>
	2/4
I.D NUMBER 1319879	

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NAME OF SLATE MAILER ORGANIZATION:

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(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER SUPPORT      OPPOSE		
I	Reference No:				

<b>Summary</b>	<b>SUBTOTAL</b>	<b>\$ 0.00</b>
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- Amount Received - Payments of \$100 or More  
(Include all Schedule A subtotals) ..... \$ 0.00
- Amount Received - Payments of Less than \$100  
(Not itemized) ..... \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in  
Column A, Line 1, of the Summary of Payments section on Page 1 ..... \$ 0.00

# Schedule B Payments Made

SCHEDULE B

Statement covers period from 10/18/2009 through 12/31/2009	CALIFORNIA 1992 FORM <b>401</b>
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NAME OF SLATE MAILER ORGANIZATION:

CALIFORNIA EDUCATION VOTER GUIDE

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Apollo Printing	LIT	1600.00
Anaheim Reference No: CA 92801		

## Summary

	SUBTOTAL	\$ 1600.00
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$	1600.00
2. Payments under \$100 This Period (Not itemized)	\$	0.00
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$	1600.00

Schedule C  
Persons Receiving  
\$1,000 Or More

SCHEDULE C

Statement covers period
from 10/18/2009
through 12/31/2009

CALIFORNIA 1992 FORM	401
4/4	
I.D. NUMBER	
1319879	

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NAME OF SLATE MAILER ORGANIZATION:

CALIFORNIA EDUCATION VOTER GUIDE

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
Lizet Angulo	3000.00	3000.00